

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL057010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2015
NAME OF PROVIDER OR SUPPLIER MARS HILL RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 170 SOUTH MAIN STREET MARS HILL, NC 28754		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Greg Cates on 8-11-2015. Records indicate this facility was first licensed or submitted 3-5-1998, for a capacity of 69. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 166	Continued From page 1 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the access to the employee bathroom and the room behind the bathroom was obstructed with 4 wheel chairs and a weight scales chair. Obstructed access to the bathroom could cause a trip and fall hazard.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the cross-corridor doors throughout the building are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, many of the doors failed to close completely and/or latch when closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. Findings include: a. One of the cross-corridor doors near room 215	C 189		

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C 189	<p>Continued From page 2</p> <p>failed to latch when closed.</p> <p>b. One of the cross-corridor doors near room 225 failed to latch when closed.</p> <p>c. One of the cross-corridor doors near room 345 failed to latch when closed.</p> <p>d. One of the cross-corridor doors near room 353 failed to close completely and to latch when closed.</p> <p>2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include;</p> <p>a. The door from the kitchen to dining room was wedged open. This situation was exacerbated by the stairs that are open from the dining room to the floor above.</p> <p>b. One of the pair of doors from the dining room to the corridor had sagged and could not close and latch.</p> <p>c. The door from the resident laundry to the corridor was wedged open.</p> <p>d. The door from the clean linen room to the corridor would not latch when closed.</p> <p>e. The door from the main laundry to the clean linen room was dragging and very hard to close completely.</p> <p>f. The door to the mechanical room off the Activity Office was hard to close and latch.</p> <p>3. Based on observation, the exterior exit path at the South end of the facility was obstructed with several chairs to the point that one exit door was blocked from opening fully. Obstructed exit paths could delay or prevent an evacuation in an emergency.</p>	C 189		

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C 189	<p>Continued From page 3</p> <p>4. Based on observation, some battery powered emergency lights in the stairwells would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include;</p> <p>a. The battery powered emergency light in the 1st floor central stairwell would not work.</p> <p>b. The battery powered emergency light in the 3rd floor North stairwell would not work.</p> <p>5. Based on observation, the facility failed to be maintained safe because of exits signs not working on battery back-up. Exit signs that fail to work could delay an evacuation in an emergency. Findings include;</p> <p>a. The exit sign 3rd floor North exit would not work on battery.</p> <p>b. The exit sign 3rd floor South exit would not work on battery.</p> <p>6. Based on observation, the exterior cover was removed for the duct mounted smoke detector in the 3rd floor mechanical room behind the nurse's station. Duct smoke detectors that are missing their covers endanger all residents and staff because the duct detector can't operate properly.</p> <p>7. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. The gypsum compound and tape was falling off in the ceiling of the 3rd floor mechanical room</p>	C 189		

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C 189	Continued From page 4 behind the nurse's station. b. Hole in the wall in the communication room. c. Unsealed conduit sleeve in the communication room. d. The ceiling radiation dampers in the exhaust ducts need cleaning throughout the facility. 8. Based on observation, there were many items stored directly in front of the electrical panels in the main electrical room. Storage in front of electrical panels is a Building Code violation and could delay access to the electrical disconnects in an emergency. 9. Based on observation, the toilet in the 1st floor hydrotherapy room was clogged and inoperable. 10. Based on observation, the dryer in the resident laundry had fallen apart. Dryer ducts that are not maintained intact, introduce moist air and combustible lint into the room.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing	C 199		

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C 199	Continued From page 5 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, required exhaust was not being maintained in many spaces throughout the building. Findings include: a. There was a pattern of exhaust vents not working in housekeeping closets and bathrooms throughout the building and in the trash storage room. b. No exhaust system was provided in a housekeeping storage closet on the 1st floor where many chemicals were stored.	C 199		